

Pain & Policy Studies Group • International Pain Policy Fellowship



ALBANIA

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Fellow 2012-2014

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For further information on Albania:

<http://www.painpolicy.wisc.edu/country/profile/albania>

BACKGROUND:

Only 40% of terminal cancer patients in Albania have access to pain relief and palliative care. However, prior to the fellowship, there had been some progress regarding palliative care. The Fellow, Dr. Huta, a palliative care physician, served as the Chairman of the National Association of Palliative Care for ten years and led the Palliative Care Working Group within the National Cancer Control Board of the Ministry of Health (MoH) since 2008. This resulted in approval of a national cancer control plan in 2011 that includes palliative care and pain relief as a major component.

FELLOWSHIP SUCCESSES:

Along with colleagues, Dr. Huta drafted a new palliative care law which was enacted by Parliament in November 2014. The new law eases prescribing and dispensing regulations by increasing the allowable duration of prescriptions from 7 to 28 days and removing the daily dosage limitation on morphine; allowing opioid prescriptions for non-cancer patients with moderate to severe pain; and licensing greater numbers of prescribing physicians and pharmacists who may dispense opioids. The national health insurance will be required to cover the cost of WHO-recognized essential medicines, such as morphine.

As a result, a revised list of medicines that can be reimbursed was approved by the MoH in 2015 and now includes IR morphine 10 mg, and SR morphine 60 mg and 100 mg, as well as transdermal fentanyl 25 mcg and 50 mcg.

Regarding access to opioids, in 2012, Dr. Huta identified a need for additional formulations of oral morphine to be available for patients. While slow-release (SR) oral morphine has been available in Albania (only 10 mg form), there was a need for a wider range of doses to be available. Furthermore, no form of immediate-release (IR) oral morphine has been available. The Director of the National Centre for Drug Control in Albania facilitated registration of two additional SR morphine dosage forms as well as IR morphine. Dr. Huta was involved in discussions with the National Centre for Drug Control, importers and distributors, regarding the registration of IR morphine and developing projections of the required amounts of each formulation of morphine required for the treatment of pain in Albania. Ultimately, in 2015, IR morphine was successfully imported.

To facilitate the responsible use of opioid analgesics, two national palliative care guidelines, "Palliative Adult Network Guideline" and "Pediatric Palliative Care Guideline," were approved by the MoH in March 2013.

ONGOING PROGRESS:

Palliative care protocols were approved by the MoH in October of 2014. A working group was organized by palliative care experts to conduct a study to evaluate the attitudes of family doctors on pain assessment, management and opioid usage before and after their attendance at seminars on opioid pain management. One-day seminars were conducted over two years with 250 health professionals working in twelve regional hospitals. The seminars aimed to sensitize and increase the level of knowledge of these professionals on palliative care issues and opioid availability.

Palliative care services are continuing to expand in Albania. Palliative care experts worked on an initiative in close collaboration with the MoH, the Health Care Insurance Institute and relevant NGOs to create palliative care units in five regional hospitals. Four palliative care units have been set up, but still need support to function and within 2016 Ryder Albania will work to create two other palliative care units in other regions.

CHALLENGES AND FUTURE NEEDS:

However, concerns and limitations still remain regarding the new services, including inadequate work environments (e.g. not enough patient rooms, beds, or equipment), lack of communication between departments, negative or pessimistic attitudes, appropriate storage of opioids, and lack of support and supervision of the palliative care teams. The Ryder Albania Association, in close collaboration with the MoH and these regional hospitals, will work to address these and other issues gradually in 2015 and beyond.



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